

Kineret (Anakinra) Prior Authorization Request Form



5586

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) TRICARE pharmacy program (TPHARM). Express Scripts is the TPHARM contractor for DoD.

SPECIAL NOTES: Kineret and Enbrel are non-formulary (Tier 3) under the DoD Uniform Formulary and carry a higher copay for non-Active duty beneficiaries than Humira, Raptiva, and Amevive, which are formulary (Tier 2). TRICARE does not cover Kineret for Active duty beneficiaries, who pay no co-pay, unless it is determined to be medically necessary *instead of a formulary agent*.

Medical necessity forms are available on the TRICARE Pharmacy website at http://pec.ha.osd.mil/forms_criteria.php. This form may NOT be used to meet medical necessity requirements. Active duty beneficiaries newly starting on Enbrel or Kineret require both forms.

MAIL ORDER
and
RETAIL

- The provider may call: **1-866-684-4488**
or the completed form may be faxed to:
1-866-684-4477

- The patient may attach the completed form
to the prescription and mail it to: **Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954**
or email the form only to:
TpharmPA@express-scripts.com

Prior authorization criteria and a copy of this form are available at: http://pec.ha.osd.mil/forms_criteria.php. This prior authorization has no expiration date.

Drug for which Prior Authorization is requested:

Kineret (anakinra)

Step

1

Please complete patient and physician information (Please Print)

Patient Name:	_____	Physician Name:	_____
Address:	_____	Address:	_____
Sponsor ID#	_____	Phone #:	_____
Date of Birth	_____	Secure Fax #:	_____

Step

2

Please complete the clinical assessment:

1. Is this a continuation of therapy with Kineret?	<input type="checkbox"/> Yes Please sign and date. See for quantity limits below.	<input type="checkbox"/> No Please proceed to Question 2
2. Is the patient at least 18 years of age?	<input type="checkbox"/> Yes Please proceed to Question 3	<input type="checkbox"/> No Coverage not approved
3. Is anakinra being prescribed for the treatment of moderately to severely active rheumatoid arthritis?	<input type="checkbox"/> Yes Please proceed to Question 4	<input type="checkbox"/> No Coverage not approved
4. Will the patient be receiving Humira (adalimumab), Enbrel (etanercept) or Remicade (infliximab) in combination with Kineret?	<input type="checkbox"/> Yes Coverage not approved	<input type="checkbox"/> No Please proceed to Question 5
5. Has the patient had an inadequate response to at least one disease-modifying anti-rheumatic drug (DMARD)?	<input type="checkbox"/> Yes Please sign and date. See for quantity limits below.	<input type="checkbox"/> No Coverage not approved

Quantity Limits: limited to a 4 week supply in retail, and an 8 week supply in mail order.

Step

3

I certify the above is true to the best of my knowledge. Please sign and date.

Prescriber Signature

Date

Latest revision: February 2008